autonomy or other types of job dissatisfaction take their time returning to work.

Other persons often affect a patient's decision. Fear within the family and consequent alterations of family dynamics are particularly important. Employers may operate from fear and an exaggerated sense of liability in refusing to consider options for their workers who have had myocardial infarction or coronary artery bypass. Unions and governments may impose restraints in certain occupations. Lack of insurance coverage and reimbursement may preclude participation in cardiac rehabilitation programs that could speed recovery and reemployment.

Recommendations to improve return to work rates include active counseling by a physician during and after the hospital stay. Exercise testing of cardiovascular and peripheral function should be followed immediately by exercise prescription, including specific advice on home and work activities. Careful assessment of a patient's attitudes and beliefs regarding prognosis, job stress and the safety of work resumption allows a physician and others to plan appropriate physical and behavioral interventions. Most persons will benefit from participation in a comprehensive outpatient program that integrates emotional support and nutritional counseling with exercise. Careful monitoring by the program team and primary physician should identify persons "at risk" for delaying returning to work. Appropriate interventions can be planned to encourage work resumption, thereby minimizing the economic and emotional consequences of the infarction or operation.

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The Importance of Atopy in Occupational Skin Disease

THE TERM "atopy" refers to a hereditary condition in which asthma, hay fever and a specific type of chronic, recurring dermatitis are found, either singly or together. Atopic disease is estimated to occur in up to 25% of the population of the United States.

Dermatologists and occupational physicians have long suspected that atopy is prominent in the background of persons with occupationally related skin disease. Recently Shmunes and Keil, in conjunction with the South Carolina Industrial Commission, reviewed all cases of compensated skin disease recorded in that state during a one-year period, 1978 to 1979. The total number of cases was 958, representing a direct cost of $143,000 and 2,100 lost workdays due to an occupationally related skin disease.

The predominant diagnosis in 94% of the cases was contact dermatitis and the hands were involved in 81% of those cases. The upper fifth percentile was responsible for 68% of the total fees and 77% of the lost time.

The investigators found that 82% of the affected workers were atopic. Assuming the frequency of atopy in the general population to be as stated above, the relative odds of an occupational skin disease developing are 13.5 times greater if a worker is atopic.

This finding emphasizes the importance of a preplacement history to identify atopic workers who are likely to be susceptible to environmental factors that aggravate (or bring to clinical activity) atopic dermatitis. Such factors include excessive or unprotected contact with soaps, detergents, acids, alkalis or solvents; excessive heat and cold with rapid changes in environmental temperature; rough clothing against the skin; excessive and repeated friction and pressure, and probably also unusual emotional stress.

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Mycosis Fungoides and Occupation

THE SEARCH continues without interruption for occupational causes of cancer. Mycosis fungoides is a skin cancer that for years may hover between malignancy and nonmalignancy before an unequivocal diagnosis of cancer can be made. Despite major advances during the past decade in our understanding of this disorder, no etiologic agent has yet been found. Cohen and associates studied in detail the occupational backgrounds of 59 persons who had this disease and found that persons employed in manufacturing or construction jobs were at significantly greater risk (relative risk, 4.3). Furthermore, patient survival was reduced for those with industrial backgrounds.

Whether these findings will lead to an occupational—perhaps a chemical—origin for this unusual disease cannot be known without indepth studies that involve large groups of patients. The possibility is a challenge for further investigation.

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The Pregnant Worker

IT IS ESTIMATED that almost a million women workers become pregnant in the United States each year. An increasing number of these women are choosing to continue employment throughout most of their pregnancy. Moreover, more women than ever hold jobs in nontraditional fields. These and jobs in female-dominated "clean" industries often involve exposure to a multitude of chemicals or to strenuous physical activity. Recent